

City of Heath

Mark D. Johns
Mayor

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1287 Hebron Road Heath, OH 43056 * P: (740) 522-1420 * www.utilitybilling@heathohio.gov

Request for Automatic Payment Plan and Authorization to Honor Deductions

(Attach Voided Check Here)

As a convenience to me, I hereby request and authorize the City of Heath Utilities to charge my monthly utility costs be debiting my account the appropriate deductions as necessary. My rights, and the City of Heath's rights, in respect to each deduction shall be the same rights we each have as if one had personally written, signed, and submitted a check for payment.

I understand I may terminate this mode of payment upon 30-days written notice. I also understand that if any payment be dishonored, with or without cause, intentionally or inadvertently, that will not diminish my indebtedness to this utility, nor will it create any liability to the holder of my account.

In order to provide my bank account numbers and routing symbols, **I have included with this signed form a** "voided" check from my account. I hereby authorize and instruct my financial institution to honor these instructions. A "copy" of this authorization shall be deemed as valid as the original.

Do you have multiple water accounts	? □Yes □No	Utility Account #:	
Customer Address:		ŀ	Heath, Ohio 43056
Phone #: ()		Date to Start Automatic Payment:	
Checking or Savings Routing #:			
Checking or Savings Account #:			
Name of Financial Institution:			
Address of Financial Institution:			
Print Name:			
Signature of depositor(s):	Χ		
Office use only Enter Date:		Remove Date:	

Notes: